			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -52-030	<u> 1846 </u>
DO NOT WRITE ON THIS STUB	AMENDED	IF	Registration District No. 424/ STATE FILE NU. 1002 Registrar's No. 424/ STATE FILE NU. 11 STATE FILE NU.	MBER
VS 300	 a	ŢĬ ⁻	1. PLACE OF DEATH a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE Missouricounty Jackson	Residence before admission)
Rev. 4/59	AMENDED	-	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b C. CITY OR	Inside Limits
	₩.	∤∦ _⊸	^{town} Kansas City35 Years ^{town} Kansas City	YesX No 🗆
	<u> </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Inside Limits ADDRESS AD	Reside on Farm
23 (088)	DATE	-	C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Or Hospital Street Address Address Address 4125 Baltimore Avenue	Yes No
3		1 -	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or grint)	Year
		_	Mrs. Jessie L. Bean DEATH August 14th,	1962
			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR White Married Divorced 12/5/02 59 Years Months Days	Hours Min.
5 /		-		WHAT COUNTRY
6	ŝ	. I.	10a. USUAL OCCUPATION (Give kind of work done 10a. KIND OF DISINESS OF INDUSTRY) 11. BIRTHPLACE (City end state or country) 12. CITIZEN OF during most of working life, even if retired) OILLE Mae Strong Atchison, Kansas USA	
7 1	Lollow		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
	2 -	∖│	Will Flanders Edith Manlove Rolland E. Bean	<u> </u>
8 1	€		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)]	
9/93.0	AKE	-	No Rolland E. Bean. 4125 Balti	MOTE
10		Z	Tumon of Ducin Molianont	ITERVAL BETWEEN NSET AND DEATH Months
11	티티하	DOCUMENT	IMMEDIATE CAUSE (a) TUILIOT OF Brain, Planguage	11011 € 113
10211	EAD OF	ğ	Conditions, If any, DUE TO (b) Left Temporal	
144-0	القام		which gave rise to above cause (a),	
1		-	stating the underlying cause last. DUE TO (c)	
	5	2	disease condition given in PART I (a)	was female wa incy in last 90 days
	2	 		No Unknow
	AMENDIMENTS	Control	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED?	of item 18.)
NO NO	AME	1 200	20c. TIME OF Hour Month, Day, Year	
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT	STATE
¥ % ∰	READ		21. I attended the deceased from March 18, 1962, to Aug. 14, 1962, and last several elive on August 13	1962
R B	۵	7	Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the c	auses stated.
USE BLAC OR IYPEWRITER	SHOULD	7 OF	22a. SIGNATURE (Degree or title) 22b. ADDRESS L L O O TOTAL	8-14-62
⊢		AVIT F	336. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	ġ	AFFIDA	Rurial Aug. 17, 1962 Forest Hill Cemetery, Kansas City, Miss	ouri
	ITEM	¥ å	ADDRESS 125 DATE DECD BY LOCAL DEG 126 DEGISTRAD'S SIGNATURE	
1	=	<u>m</u>	1331 Brush Creek Blvd.	ing_
			(Licensed Embalmer's Statement on Reverse Side)	//

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No		
working under my personal supervision.	n Al		
Student	Signed Johnson W. I Karson		
Signature of Student Embalmer			
	Licensed Embalmer No. 4889		
	P. O. Address Tathings, Ma		
Note: The above MUST BE SIGNED BY THE LICENS with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his C If this body is not embalmed, fact should be so stated			
were the state of the work of the	home de l'Esterna		